ESTATE #:_____

[ ] ANNUAL RETURN [ ] FINAL RETURN

PERIOD: FROM _____ **TO** _____

[ ] CONSERVATOR(S) _____

[ ] EXECUTOR(S) [ ] ADMINISTRATOR(S) _____

IN ACCORDANCE WITH THE ESTATE OF: _____
(MINOR) / (INCAPACITATED ADULT) / (DECEASED)

Itemize all receipts and disbursements. If there is not adequate space on this form, you may use as many additional forms as you need. NOTE: THIS IS NOT A MONTHLY REPORT. ITEMS LISTED SHOULD BE TOTALED UP FOR THE YEAR.

DATE	RECEIPTS: (Indicate source of original funds; list any assets, such as savings accounts, stocks, etc. OR pick up balance from last return.)	DOLLARS	CENTS
	TOTAL RECEIPTS	$	

DATE	DISBURSEMENTS: List to whom paid and purpose of payment.	DOLLARS	CENTS
	TOTAL DISBURSEMENTS (DEDUCT FROM RECEIPTS)	$	
	NET BALANCE ON HAND	$	
	DEPOSITED IN:		

I have compared the original vouchers with the items listed on the return and certify that the return is correct.

_____

Signature of Attorney, if any, representing fiduciary

_____

(Conservator) / (Executor) / (Administrator)

Sworn to and subscribed before me

this _____ day of _____, 20____

_____

Notary Public/ Probate Court Clerk

_____

(Conservator) / (Executor) / (Administrator)

Sworn to and subscribed before me

this _____ day of _____, 20____.

_____

Notary Public/ Probate Court Clerk

IT IS ORDERED that the within return be allowed

THIS _____DAY OF_____, 20____

_____

JUDGE, PROBATE COURT OF FLOYD COUNTY